



# National Institute on Drug Abuse (NIDA) Virginia Opioid Summary

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# **Virginia Opioid Summary**

### **Opioid-Involved Overdose Deaths**

In 2017, there were 1,241 drug overdose deaths involving opioids in Virginia—a rate of 14.8 deaths per 100,000 persons, compared to the national rate of 14.6 deaths per 100,000 persons. The greatest increase was among deaths involving synthetic opioids other than methadone (mainly fentanyl) with a nearly tenfold increase from 89 reported deaths in 2012 to 829 deaths in 2017 (Figure 1). Opioid deaths involving heroin also increased during the same 5-year period, from 121 to 556 reported deaths. Overall, deaths involving prescription opioids have not changed since 2011 with 404 deaths reported in 2017.

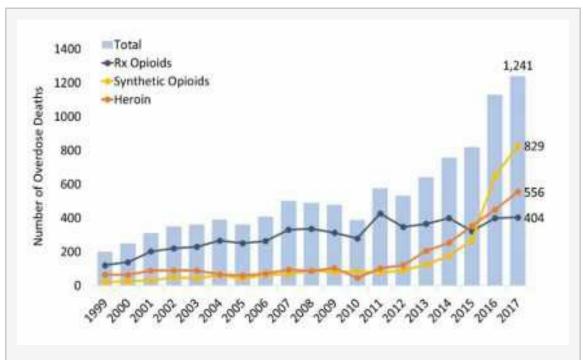


Figure 1. Number of overdose deaths involving opioids in Virginia, by opioid category. Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance Source: CDC WONDER.

### **Opioid Pain Reliever Prescriptions**

In 2017, Virginia providers wrote 52.9 opioid prescriptions for every 100 persons (Figure 2) compared to the average U.S. rate of 58.7 prescriptions (CDC). This represents a 34 percent decrease from a peak of 79.6 opioid prescriptions per 100 persons in 2012.

The rate of overdose deaths involving opioid prescriptions rose steadily from 1.7 deaths per 100,000 persons in 1999 to 4.7 deaths per 100,000 persons in 2017 (Figure 2).

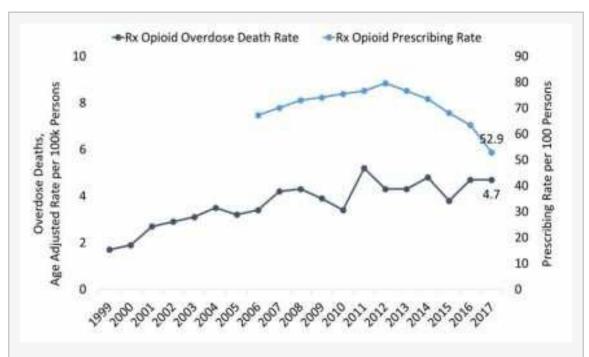


Figure 2. Virginia rate of overdose deaths involving prescription opioids and the opioid prescribing rate. Source: CDC and CDC WONDER.

## **Neonatal Abstinence Syndrome (NAS)**

NAS or neonatal opioid withdrawal syndrome (NOWS) may occur when a pregnant woman uses drugs such as opioids during pregnancy. A recent national study revealed a fivefold increase in the incidence of NAS/NOWS between 2004 and 2014, from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 hospital births. This is the equivalent of one baby born with symptoms of NAS/NOWS every 15 minutes in the United States. During the same period, hospital costs for NAS/NOWS births increased from \$91 million to \$563 million, after adjusting for inflation (Figure 3).

To date, there is no standard in NAS/NOWS provider and hospital coding practices (CDC). As a result, the trends and rates reported by states varies. The number of NAS/NOWS cases in Virginia rose 11 percent in a 1-year period, from 741 in 2016 to 819 in 2017 (Virginia Hospital & Healthcare Association).

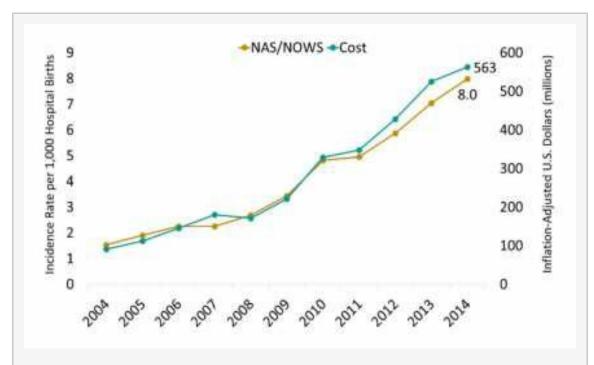


Figure 3. NAS/NOWS Incidence rate and hospital costs for treatment in the United States. Source: T.N.A. Winkelman, et al., 2018.

# HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)

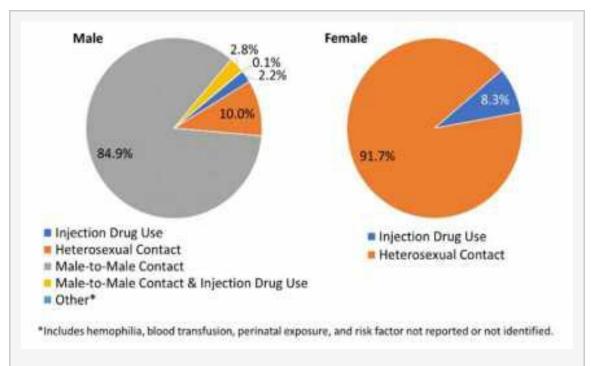


Figure 4. Virginia: Estimated percent of males and females with new HIV diagnoses, by transmission category, 2016. Source: CDC and www.AIDSVU.org.

- **U.S. Incidence:** In 2016, 9 percent (3,480) of the 39,589 new diagnoses of HIV in the United States were attributed to IDU. Among males, 6.3 percent (2,530) of new cases were transmitted via IDU or male-to-male contact and IDU. Among females, 2.3 percent (950) were transmitted via IDU (<u>CDC</u>).
- **U.S. Prevalence:** In 2016, 991,447 Americans were living with a diagnosed HIV infection—a rate of 306.6 cases per 100,000 persons. Among males, 19.9 percent (150,4661) contracted HIV from IDU or male-to-male contact and IDU while 21 percent (50,154) of females were living with HIV attributed to IDU (CDC).
- State Incidence: Of the new HIV cases in 2016, 893 occurred in Virginia. Among males, 5 percent of new HIV cases were attributed to IDU or male-to-male contact and IDU. Among females, 8.3 percent of new HIV cases were attributed to IDU (Figure 4) (AIDSVu).
- **State Prevalence:** In 2015, an estimated 21,607 persons were living with a diagnosed HIV infection in Virginia—a rate of 307 cases per 100,000 persons. Of those, 13.7 percent of male cases were attributed to IDU or male-to-male contact and IDU. Among females,

# Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use<sup>1</sup>

- **U.S. Incidence:** In 2016, there were an estimated 41,200 new cases of acute HCV<sup>2</sup> (<u>CDC</u>). Among case reports that contain information about IDU, 68.6 percent indicated use of injection drugs (<u>CDC</u>).
- **U.S. Prevalence**: An estimated 2.4 million Americans are living with HCV based on 2013-2016 annual averages (CDC).
- **State Incidence**: There were approximately 43 new cases of acute HCV (0.5 per 100,000 persons) reported in Virginia in 2016 (CDC).
- **State Prevalence**: In Virginia, there are an estimated 40,700 persons living with Hepatitis C (2013-2016 annual average), a rate of 630 cases per 100,000 persons (HepVu).

#### **Additional Resources**

- Virginia Department of Health, Opioid Addiction in Virginia
- Centers for Disease Control and Prevention, Opioid Overdose



FY2018 NIH-funded projects related to opioid use and use disorder in Virginia: 12

**VIEW RESULTS** 

Find treatment in Virginia (SAMHSA)

#### **Notes**

- 1. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.
- 2. Actual acute cases are estimated to be 13.9 times the number of reported cases in any year.